



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

January 05, 2005

**TO:** Vaccines for Children Providers (Private Sector)

**FROM:** Howard Backer, M.D., M.P.H., Chief  
Immunization Branch

**SUBJECT:** **Recertification Needed Now to Continue as a VFC Provider in 2005**

On behalf of the Department of Health Services, we would like to thank you for being a Vaccines for Children (VFC) provider in 2004. Your commitment and participation has made it possible for many low income or uninsured California children to receive vaccines in their medical home.

The national VFC Program requires an annual recertification process each January. ***To continue as a VFC provider, you will need to complete three forms and return them to us by February 7, 2005.*** The three forms are enclosed and are briefly described below.

**VFC Provider Enrollment Form (DHS 8500PRI 12/04)**

A change has been made on the VFC Provider Enrollment form this year, in item 13: VFC Providers agree to use the official VFC Temperature Logs (IMM-682) and after they are completed, to retain them on file for a period of 12 months. A one year supply of the logs is included in this mailing. Additional supplies of the log are available from your VFC Representative.

A copy of the VFC Provider Enrollment Form with an original signature is required. Please complete the original for us and retain the yellow copy for your file. Fax copies of this form cannot be accepted.

**VFC Provider Profile Form (DHS8499PRI 10/02)**

On this form, please complete the basic information and then provide your best estimate of the number of VFC-eligible children you plan to immunize during 2005, by eligibility category.

We have enclosed an information sheet with suggestions to help you develop your 2005 estimates. We suggest that you base your estimates on your vaccine usage for the 12 month period July 1, 2003 through June 30, 2004; your reported VFC vaccine usage for that period is summarized on the enclosed "Report of Doses Distributed vs. Doses Administered".

The column headed "Acquired-Admin" is our computer projection of VFC vaccine you held in inventory on June 30, 2004. Please contact your VFC Representative if you believe our inventory projections are wrong.

Your VFC Representative can help you develop your 2005 estimates. The enclosed list provides the name and contact number of your representative.

Please confirm that your vaccine delivery address, dates and times for delivery are recorded correctly. This information is essential to get your vaccine orders to you at a location and time your staff can receive them.

**VFC Provider Profile Form-Supplemental (DHS 8499S 12/03)**

On this form, please list all the people at your facility with prescription writing privileges who will use VFC vaccines. The list requires the license number and Medicaid (Medi-Cal/CHDP) provider number (if applicable) for each provider. If you have more than 25, please use additional copies of this form to list them.

This form is needed even if there is only one person with prescription-writing privileges at the site. Nurse practitioners and others who operate clinics under licensed physicians should record their information on the forms for the physicians who have signed their Standing Orders.

**Please complete your recertification package and mail to us by Monday, February 7, 2005**, to keep your VFC account active. After February 14<sup>th</sup>, the completed forms will be required prior to processing any vaccine orders.

Before submitting your forms, make sure your correct six-digit VFC customer number (PIN) is recorded in the space on the top of each of the forms.

**Please mail your recertification paperwork to:**

**VFC Program  
California Department of Health Services  
Immunization Branch  
2151 Berkeley Way, Room 712  
Berkeley, CA 94704**

If you have any questions about the VFC program or completing these forms, please contact your VFC Representative or call 1-877-243-8832 to speak to one of the VFC Customer Service Representatives.

Thank you for your cooperation.

Enclosures (7):

Provider Enrollment Form (2 part NCR)  
Provider Profile Form (2 part NCR)  
Provider Profile—Supplemental (2 part NCR)  
“Report of Doses Distributed vs. Doses Administered”. (specific to each practice...matched to label PIN number)  
Info sheet on how to develop estimates  
List of VFC Field Representatives  
Temperature Logs

cc: DHS Immunization Branch Field Representatives  
Local Health Officers  
Local Health Department Immunization Coordinators  
Local Health Department CHDP Program Directors  
Marcia Ehinger, M.D., Medi-Cal Benefits Branch, CDHS  
Kathy Chance, M.D., Children Medical Services Branch, CDHS  
Lorraine Brown, Deputy Director, Benefits and Quality Monitoring, MRMIB  
Maridee Gregory, M.D., Chief, Children Medical Services Branch, CDHS  
Susann Steinberg, M.D., Acting Chief, Maternal and Child Health Branch, CDHS  
Cheri Rice, Chief, Medi-Cal Managed Care Division, CDHS  
Linda Rudolph, M.D., Chief Medical Officer, Medi-Cal Managed Care, CDHS